

# Adoption: Pediatric, Legislative and Social Issues

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*Physicians may find themselves involved in many phases of the adoption process, ranging from advising infertile couples who wish to adopt a child to caring for adopted children, adolescents or adults. Recent legislation has been aimed at making it possible for children to be adopted who have been receiving foster care and at providing financial assistance to implement the adoption of children with handicaps and with medical problems. The adoption process is becoming more open. Adoptees are searching for and finding their biological parents and all parties in the "adoption triangle" are developing relationships with one another.*

IN THIS PAPER we examine the status of adoption in the United States, indicating some of the changes that have occurred in the past few years and suggesting some possible future trends.

## Medical Issues

Physicians who practice pediatrics may become involved in the adoption process at various levels.<sup>1-4</sup>

### Teenage Pregnancy

In caring for a pregnant teenager, the physician should discuss adoption as one of the alternatives to abortion or keeping the baby. Ideally, the discussion should include the girl's parents and her sexual partner. The doctor should also be knowledgeable about the social agency or agencies in the community to which the girl can be referred.

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### Advising Potential Adoptive Parents

Infertile couples frequently contact a physician for information and, they hope, to find a source of adoption. Physicians need to be knowledgeable about infants and children who are available for adoption, and they should explain the features of independent and agency adoptions, identifying the local agencies that handle adoptions. Moreover, they should explore each couple's willingness and suitability for an older or handicapped child, not just a healthy newborn. It is usually a particular type of person or couple, however, who can successfully adopt some of these special children. Physicians should also advise couples to obtain infertility counseling before they seek to adopt, to resolve feelings arising from not being able to conceive a child of their own.

### Pediatric Care of Babies to Be Adopted

Hospital-based physicians may be called on to examine and assess the health of an infant or child who is to be adopted. It is important not only to make a careful appraisal of the physical

and developmental status but also to collect as much medical history and as many background data as possible both from the records available and from the biological parents themselves whenever possible. It should be pointed out that information collected at this time may be invaluable to subsequent physicians or to the adopted child in later years. The question of sealed records and the role of adoption agencies will be discussed later. Many agencies are still very careful not to disclose identifying data, and it sometimes requires a bit of ingenuity to obtain the information desired. Needless to say, when the adoptee is transferred to the care of another physician the complete records should be forwarded as well.

#### *Care of Adopted Children and the Adoptive Parents*

Adopting a child is different than having one by birth. The sudden confrontation with parenthood instead of a nine-month pregnancy, continued feelings of inadequacy stemming from the state of infertility, the fear of losing the child to the biological mother and the fear of what might happen later as a result of the adoptee's search for identity all have to be dealt with in the ongoing care of each adopted child. Adoptive parents in general tend to be overprotective of the child as compared with natural parents. By anticipating, watching for and educating adoptive parents about these factors it is possible to prevent significant problems.

One point which should be specifically mentioned regards telling the child that he or she is adopted. There is still no unanimity among the experts as to how and when this should be done, but it is something that physicians should discuss with adoptive parents early. In all cases what is told to the child must be truthful and the information should be given early in life, simply at first and gradually in greater detail as the child asks more questions. It is probably wise for the physician, after first discussing it with the parents, to explore with the adopted child his feelings about being adopted and to further clarify any questions the child may have.

#### *Teenage and Adult Adoptees*

The teen years are often a period of turmoil. Many nonadopted teenagers express doubts about their ancestry: "You can't be my real mother, otherwise you would not be so mean to me!" Therefore, it is not unnatural for an adoptee at

the same age to become restless and have questions about his identity. (This topic will be discussed in more detail in the last section of this paper.) It is proper to explore with the teenage adoptee his feelings, pointing out that some adoptees need to know about their ancestry while others do not care. It is important to provide him with some nonidentifying information if he is still underage and to offer to help him further, if he wishes, after he reaches maturity. When the adoptee reaches adulthood he should be given whatever information is available. If an adoptee is truly interested in searching for his biological parents, we can assist by securing his own hospital records and by referring him to an adoption group or organization that provides such help and support.

#### *Helping With Legislation and Community Affairs*

As will be discussed in the next section, important legislation regarding adoption issues is being developed by the federal government and by many states. The legislators need and welcome the help and support of knowledgeable physicians in the drafting and promotion of such legislation. The courts welcome testimony from these physicians as an aid in interpreting and administering the laws and, finally, the social service agencies are grateful for physicians willing to advise in specific cases or to serve on their boards or committees that deal with adoption problems.

#### **Legislative Issues**

The last few years have seen a major increase in the number of bills on adoption and related issues that have been introduced. At the federal level two major pieces of legislation were passed last year and a third measure became law this year. Together they reflect an involvement by the federal government in adoption and foster care far beyond anything previously on the statutes.

#### *PL 95-266—The Child Abuse Prevention and Treatment and Adoption Act of 1979*

This law has two main provisions that apply to adoption. It calls for the development of a National Adoption Information Exchange System. The object of this system is to collect data and disseminate information on adoption with particular reference to the so-called hard-to-adopt children. In addition, it establishes seven regional centers throughout the country, all coordinated through a central office in Washington,

DC. These centers are now in operation and are charged with the dissemination of information and the coordination of adoption efforts within and among the respective regions.

It also calls for the writing of a Model State Adoption Act. To this end it has mandated the appointment of a panel of 17 members from diverse fields who have had a series of meetings and who have written a draft, which has been published in the *Federal Register*.<sup>5</sup> There have also been regional hearings on the items included in the proposed act, where mixed reactions to some of the recommendations have been voiced. The Act affirms that adoption is the best means for providing family life for children when their biological parents cannot do so, that if adoption is impossible, legal guardianship is second best, and that adoptees' rights prevail in a conflict.<sup>6</sup> The express purposes of the Act call for adequacy of adoption services for all children in need, prompt legal procedures for terminating parental rights, removal of obstacles to adoption including subsidy for children with special needs, identification of children in need and case review. It calls for the preservation and accessibility of records including the availability of all sealed birth records to adoptees 18 years of age and older.

The final recommendations may be altered as a result of the regional hearings. And, if enacted into law, it will serve as a guide to the various states because adoption services are really regulated at the state level.

*SB 2561 (Levin)—The Adoption Identification Act of 1980*

This bill introduced into the US Senate, although not enacted, would have amended PL 95-266, discussed above, by adding Title III, Adoption Identification. SB 2561 sought to enable biological parents or other relatives of an adoptee and the adoptee, with mutual consent, to locate each other through a centralized computer system. Similar registers are now in operation by various search organizations. Had this bill been enacted, it would have been the first such registry approved by law.

*PL 95-608—The Indian Child Welfare Act of 1978*

This is a controversial piece of legislation which in principle is designed to protect the best interests of Native American children. In actuality, it turns over much control to tribal courts and restricts

adoption of Native American children for the most part to Native American families, with the result that the rights of the parents and of the adoptive custodians have priority. Further, there are conflicts between the tribal court system and the state court systems in the Act. The Act also, for the first time in federal legislation, called for the right of the adult adoptee (aged 18 or older) to have access to his birth records.

*PL 96-272—The Adoption Assistance and Child Welfare Act of 1980*

This law is a companion and supplement to PL 95-266. It mandates state adoption subsidy programs and provides federal matching funds for child welfare services. It calls for the development and implementation of preventive and reunification services as well as protective measures designed to keep families intact. At the time of preparing this paper, an appropriation bill to provide funds for this act had not yet been passed.

### Social Issues

In the 1940's there was an ample supply of newborn babies available for adoption. Unwed mothers were generally happy to be able to give up their babies to couples who promised to give them a good home; likewise, couples who found themselves infertile were glad to adopt them. This was an "adoptive parents market." Everything was done to make the adoption as much like a birth as possible: anonymity of biological parents, promise of nondisclosure of identity, sealed records with the issuance of a new birth certificate naming the adoptive parents as parents, and, in many instances, never telling the adoptee of his or her true status. The rights and feelings of the adoptees were disregarded by the courts, the social agencies, and by society in general, under the guise that they, the adoptees, were so lucky to have a fine stable home and family that a bit of deception was justified.<sup>7-9</sup>

The 1960's and 1970's saw a change in the social order. Birth control and abortion both became more available. Single, unwed mothers began keeping their babies rather than putting them out for adoption. All of these factors played havoc with the adoption market, and the demand became far greater than the supply. Black market adoption operations sprang up with fees of \$10,000 to \$100,000 reportedly being paid by couples eager to adopt.<sup>10</sup> Foreign adoptions increased, with babies being supplied from Central and South

America as well as from Korea and Vietnam. Special agencies emerged, such as Holt International Childrens Services, to handle these adoptions. At the same time, the adoption of older and handicapped children became more prevalent, although couples desirous of adopting newborn infants were usually not satisfied with these alternatives. More recently, states and the federal government have legislated subsidies to implement the adoption of such children.

Legal adoptions have been handled both through licensed social agencies and independently. In an agency adoption a baby is turned over to the agency, which often places it in temporary foster care until the "proper" adoptive parents can be found. In an independent adoption, carried out through a private attorney, the babies are usually turned over at birth to the adoptive parents who may or may not have met or learned the identity of the biological mother, and vice versa. The agencies, particularly, have felt duty bound to preserve the anonymity of the biological parents as well as the placement of the child. Both methods of adoption still exist.

Today most adoptions are independent. Many workers in the field argue against independent adoptions on the grounds that the welfare of the biological mother is often ignored, that there is inadequate screening of the adoptive parents and that there may be third-party profiteering in the operation. Attempts are being made through legislation to correct some of these problems. Adoption agencies are both governmental and private (voluntary). In California, for example, the state and county agencies are placing less emphasis on adoption of normal newborns, turning these over to the voluntary agencies, such as the Children's Home Society of California. Instead, they are concentrating on the placement of children released by the courts and of older and handicapped children. They are being assisted in this effort by special agencies such as Family Builders by Adoption, a subsidiary of the North American Center on Adoption, by the recently mandated National Adoption Exchange and its regional centers. In all of this, the emphasis is being placed on finding a home for a child in need rather than satisfying the needs and expectations of the childless couple. Also, and again with the impetus of appropriate subsidies, efforts are being made to free for adoption children who are now in foster and temporary care when it is apparent that return to their own homes will not be possible.

At the same time that the above changes were occurring in the adoption field,<sup>11,12</sup> adult adoptees and then others in the adoption triangle—the biological mothers and adoptive parents—began to make themselves heard. Adoptees voiced the claim that they had a moral and a legal right to learn of their birth heritage, and that the past secrecy and anonymity were invalid on the grounds that these decisions were made at a time when they could not give their consent.

Pioneers in the adoption field included Jean Paton, a social worker, herself an adoptee who described her successful search for her birth mother in a book, *Orphan Voyage*.<sup>13</sup> Within an organization of the same name, Jean Paton operates a registry for adoptees and birth parents trying to locate each other and also publishes a newsletter. In a Book of the Month Club selection (*The Search for Anna Fisher*<sup>14</sup>), Florence Fisher, a New York housewife, describes finding her biological parents. She founded ALMA (Adoptees Liberation Movement Association) in New York City; the organization now has chapters throughout the country. ALMA, through a professor at New York Law School, Cyril Means, is bringing suit in the US Federal District Court to have the laws regarding sealed records declared unconstitutional. Margaret Lawrence, another pioneer in this field, founded Yesterday's Children and has written and lectured extensively on adoptees' rights and feelings.

Biological parents have been a bit more reluctant to speak up because, historically, agencies have led them to believe that they must remain silent. Many, however, although unwilling to make an active search on their own behalf, have hoped that their children would some day seek them out. Gradually, biological parents have become more comfortable in espousing their cause and have formed groups such as CUB (Concerned United Birth Parents) to speak on their behalf. These biological mothers tell us that in giving up their children for adoption they nevertheless continue to feel a deep concern for their welfare, and most welcome a reunion when these children have grown up.

Parents have, for the most part, been fearful of losing their adopted children as a result of the children's search activities and have felt threatened by the thought of the biological mothers being reunited with their children. Adoptive parent groups have developed both as a defensive effort to combat these implied threats, and to speak up

against legislation aimed at opening records and against facilitating reunions. Also, they have organized for mutual support and assistance in meeting the special demands of parenting.

We would like to describe a new type of organization with which we are experiencing very good results. One of these, the Post Adoption Center for Education and Research (PACER), was founded by one of the authors (D.W.B.), himself an adoptee. PACER serves all the members of the "adoption triangle," and the community, both lay and professional. PACER is engaged in a program of research in collaboration with Stanford University's Dr. Robert Hess, designed to study the beliefs that parents of adopted children have concerning factors that influence the developmental, social and academic growth of these children.

PACER is different from other types of organizations in that it represents the perspective of and includes all three sides of the "adoption triangle." It builds on the connections among all parties to the adoption process. It provides support groups for adoptees, adoptive parents and the biological parents. Awareness and understanding of the complexities of the adoption experience and its lifelong impact on those involved is a central PACER goal.

We have found that contrary to popular belief, the biological parents do not forget the child they relinquished and want very much to know how he or she has grown up. The relinquishment of the child is usually a rejection of the circumstances, not a rejection of the child. All three sides of the "adoption triangle" experience separation and loss and those involved are uniquely tied together by issues of identity and a sense of shared loss—loss for the adoptive parent due to infertility, and not being able to give birth to this child, loss for the biological parent due to relinquishment and not being able to raise this child, and loss for the adoptee in the separation of the biological and parenting tie. We believe that the searching is a quest for information to heal this loss, not an attempt to find new parents. Popular opinion supports the idea that the adoptee's search represents a repudiation of the adoptive parents. The truth seems to be very different, for searching appears to have the opposite effect. It evidently strengthens the bond between the adoptee and the adoptive parents.

PACER is also finding that the adoption experience need not be shrouded in secrecy and denial. With support and guidance, members of the

"adoption triangle" are gaining insight and understanding, and with the help of community leaders and professionals, the image of "adoption" in the public eye can be changed and improved.

### The Future

The authors believe that adoption practice and experience in the years ahead will continue to change in the direction of openness and flexibility. Agencies, we feel, will continue to expand their programs of postadoption services as the biological parents, adoptees and adoptive parents seek assistance in parenting and coping skills. It is to be hoped that relinquishment will involve contact between the biological parents and the adoptive parents and a commitment to support the adoptee in his or her search once the age of majority is reached. The exchange of medical information at the point of adoption and the updating of those records could become standard practice, with the biological parents providing much more data about themselves and their families than has been the practice in the past. The authors are convinced that the need to pretend that the adoptive relationship is a biological one will change and that there will be a recognition that the adoptive relationship is a strong and viable one in its own right.

State legislative reform seems to be gaining momentum as a result of the Model State Adoption Act as provided by PL 95-266. As states begin to allow access by the adult adoptee to his or her sealed adoption records, all concerned should find that this has a positive effect on the entire adoption community. Access to those records, with consent of the biological parents, will probably be a transitional step in the process of legislative reform in the years immediately ahead.

The federal government is continuing to offer enhancement in the adoption of both hard-to-place children and those waiting in foster care by providing adoption subsidies and support for community and volunteer efforts.

### Discussion

Adoption is considered the most desirable situation for any child who has no other home of which he or she is a part. The easy availability of newborn infants to be adopted no longer exists. Many more childless couples wish to adopt than can be accommodated. A change in emphasis and perspective has occurred in recent years so that now the primary concern is for the child being

placed for adoption rather than for the adopting parents. To this end there has been more emphasis on the adoption of older children and of children with physical, developmental and emotional handicaps as well as for the adoption of children who have been placed in foster care. To ease the financial burden of adopting these "special" children, some states have enacted legislation which subsidizes the adoptive parents for medical and other expenses connected with their care.

Intercountry adoptions are being carried out but with more control and restraints than formerly. Legislation is being directed to curb black market adoptions, to supervise independent adoptions more closely and to safeguard the rights of both biological parents in their relinquishment of a child for adoption.

Physicians are in a unique position to serve various roles in the adoption process, such as advising prospective adopters, counseling pregnant women about giving up babies for adoption, examining babies to be adopted, and advising adoptive parents who want to do a better job of parenting. Outside of their own practice, pediatricians can be invaluable to social agencies, the courts and the legislatures as consultants and as adoption advocates. They can advise and support their adolescent and young adult adoptees who are searching for their roots and can be a community resource in this field as well.

In the past ten years or so, special interest groups have formed to promote the interests of

adoptees, biological parents and adoptive parents in the search for identity. Both the adoptee groups and the biological parent groups have pressed for legislation to "open" records (which have been sealed) in order that reunions between adoptees and these parents might occur.

The Post Adoption Center for Education and Research in Palo Alto, California is a unique organization designed to represent all involved in adoption—the biological parents, adoptees, adoptive parents, pediatricians and other professionals. It views the entire adoption experience in a broad perspective, disseminating that information to the community and to the professions.

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